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Decentralization and the Provision of Public Services: A Case Study of Khyber Pakhtunkhwa, Pakistan

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Decentralization and the Provision of Public Services: A Case Study of Khyber Pakhtunkhwa, Pakistan

Abstract: The effective provision of public services is integral to a functioning democracy as it connects the public to the government and grants it legitimacy. Public services are ones that are provided by the federal and local governments and paid for with constituent taxes. Public services provided by the state are education, health, water/sanitation, environmental measures, security, policing, labor and legal guidelines and so on. Whether the structure of the government is centralized or decentralized is an important factor which impacts the provision of services. Decentralized governments are state or local governments which receive monetary and institutional resources from the federal government. Previous research has shown that decentralized services are more effectively delivered than centralized services. My study examines the impact of decentralization on the provision of two services, health and education, in Khyber Pakhtunkhwa from 2008-2018. There are two parts to the study. First, I will use process tracing to portray the historical context of decentralization in conjunction with sociopolitical factors of the region of KP. The second part observes the impact of decentralization on the health and education services. In this inductive study, I expect to find a positive impact of decentralization on the provision of services.

Mishaal Afteb
Honors Scholar Thesis
Advisor: Professor Betty Hanson
Major: Political Science

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Introduction

The effective provision of public services is integral to a functioning democracy as it connects the public to the government and gives it legitimacy. Public services are ones that are provided by the federal and local governments and paid for with constituent taxes. Public services provided by the state are education, health, water/sanitation, environmental measures, security, policing, and so on. The provision of services is important to study as it is essential for all constituents of a nation and especially in aspiring democracies that are struggling to form effective institutions. Whether a government centralizes or decentralizes its services can affect its impact. When services are decentralized, state or local governments receive monetary and institutional resources from the federal government. Decentralized governments involve constituents in government processes more than centralized governments because of the closer location of government institutions. Additionally, each province or state has institutional resources to plan according to the needs of the people, as compared to centralized governments which makes decisions at the core. Research has shown that decentralized services are more effectively delivered than centralized services. Arguments pertaining to the effectiveness of decentralized services will be applied to a region in Pakistan to see if it holds true in that case.

This study will focus on the impact of decentralization on the provision of services in Khyber Pakhtunkhwa, Pakistan from 2008-2018. The services of health and education will be the prime focus because the region struggles with them and there is lack of literature on these services. I argue that decentralized services are beneficial through the case study of KP. Next, I will briefly analyze how decentralization applies to my case study.

The region of Khyber Pakhtunkhwa is ethnically diverse and plagued with problems related to terrorism and corruption. Decentralization in KP has been a continuous effort since the

early 2000s, after the nation enacted decentralization reforms under military law.

Decentralization in the region is a form of governance which aims to facilitate the delivery of services despite those issues. By dividing KP into districts, resources are to be distributed equally and more effectively. This is because there is less reliance on the central government for funds and more power in the hands of the local governments. This decentralized system allows the constituent to become closer to the government and demand accountability in terms of public services. The physical proximity of government additionally reduces the security problems constituents face. For example, in regions with terrorism or unsafe conditions, constituents are unable to reach the central government regarding services. In local government systems the constituent has certain institutions in proximity that represents his rights. After having conceptualized decentralization and its importance in the region of interest, I will next discuss what this means for the rest of my research.

It is imperative to see what is at stake in KP Pakistan in terms of decentralized services and why this topic is of significance particularly for this region. During my foreign study in Khyber Pakhtunkhwa, Pakistan, particularly the district of Abbottabad, there was an increased focus on decentralization to improve health and education services within the region. Particularly, the change in health and education services from the first time I went in 2017 to 2018 was notable with new public hospitals and public universities. Having the chance to visit institutions that represent health and education services, I came across people who were more than happy to support the new public hospitals and education institutions. KP is a region that has been neglected in the past particularly due to its diversity which made it more difficult to govern. With decentralized services the region seems to function in an efficient and responsible manner.

My interactions during two years has led me to believe that decentralized services are an important component for the citizen of Pakistan. My study will attempt to explore this.

The first part of my study will analyze and engage with previous works regarding the central themes of the provision of services, decentralization and decentralization in Pakistan. From the literature review the following two conclusions will be reached: decentralization is not portrayed in a larger context and decentralized services such as health and education have not been studied enough to demonstrate the impact. The larger context of decentralization considers the sociopolitical factors of the region of interest, KP Pakistan. This literature review provides a foundation leading to the research design. Within the research design I will discuss the mixed methods methodology of historical process tracing and statistical analysis. The first part will utilize historical process tracing in analyzing decentralization in a larger context by taking the sociopolitical factors of Afghan refugees and sectarian/religious violence, into account. The second part will be a statistical analysis in analyzing the services of health and education in KP from 2008-2018. Prior to discussing the literature, I will provide a brief background into the case study of Pakistan and then discuss why democratic regimes are better in the provision of services as compared to authoritarian regimes. This second part is to justify my choice of picking a developing democratic nation.

Background and Literature Review

Pakistan is a federal state comprised of an Islamic Republic with a presidential parliamentary system. It is a developing democracy as the nation has dealt with undemocratic leadership in the form of four military coups and corrupt governments. Pakistan gained its independence in 1947 but has spent several decades under military rule (1958 – 1971, 1977 – 1988, 1999 – 2008). The reason for Pakistan's multiple military coups is attributed to weak

leadership and a strong central government unable to meet the needs of the diverse provinces. Corruption, poverty, terrorism and human rights violations have weakened the state and have been used as a reason to justify military law. Military coups in Pakistan promise to alleviate the problems of the state by punishing the corrupt leadership. Military governments also adopt policies that are democratic in nature to appease the democratic parties in the nation and internationally. One change in Pakistan's constitution has been decentralization efforts.

Military governments have often passed pro-decentralization legislation aimed at increasing effective public service delivery. There were three main periods in Pakistan's history when decentralization efforts were initiated. Those were General Ayub's Basic Democracies Ordinance 1959, General Zia-Ul-Haq's 1979 revival of Basic Democracies Ordinance, and General Musharraf's Devolution Plan (Salman 2009, 8-10). The efforts by General Ayub and General Haq were short-term and were not followed through. The nature of their decentralization efforts was limited to allocating funds to different provinces without establishing proper institutions to validate the proper usage of those funds. This lack of accountability led to more corruption as funds would be misused and not utilized for planned projects in the provinces. However, the Musharraf Government adopted comprehensive reforms dedicated to decentralization which are evident in Pakistan today with additional amendments. Decentralization efforts in Pakistan, how other scholars have discussed it and why their explanations are incomplete, will be discussed in the "Decentralization in Pakistan" section of my literature review.

As this case study focuses on a democracy (albeit a struggling one) it is essential to briefly discuss why democratic regimes are considered by scholars to be better at the provision of services than authoritarian regimes. Scholars have cited two reasons, elections and distribution

of services. Elections in a democratic regime are the linkage between the people and the leaders. Elections make the leaders and their party accountable to adequately meet the needs of the people in the form of public services. Thus, it is argued that elections in democracies offer accountability that encourages effective public service delivery (Deacon 2009, 244; Lake and Baum 2001; Mesquita et al 2003; Min 2008). Even though authoritarian regimes have elections, they are not free and fair, rather rigged and often for lip service (Deacon 2009, 242). Regular elections are a facet of democracy that sets it apart from autocracies and makes the regime more likely to provide better quality and quantity public services

Elections in a democracy make leaders accountable to the whole nation and, thus, more likely to distribute services to the whole nation. On the other hand, authoritarian regimes do not have the accountability that comes from elections. Consequently, their services are often focused on the elite (Ross 2012, 69; Goldberg and Wibbles, 4). Any services the non-elite have, are often poorer in quantity and quality, as compared to democracies. (Haber and Menaldo 2011, 5; Przeworski 2012, 18). Given the focus of this study, it is important, then, to look at the three bodies of literature, provision of services, decentralization and decentralization in Pakistan.

Provision of Services

The first theme is the literature on the provision of services which consists of quantitative and qualitative studies on undemocratic and democratic nations. Since my case study of KP, Pakistan is a developing democracy, the literature will be limited to provision of services in developing democratic regimes. The first set of scholars who study developing democracies believe that the consistent ineffectiveness of the delivery of public services is due to the legal structure of the nation (Asunka and Afulani 2001). The nations that were studied had lack of legislation or enforcement of law. Different institutions of the nation such as a national

government and state governments lack in communication. Effective service delivery is hindered when the legal structures do not harmonize and there is lapse in policy. Some authors use statistical regressions to measure the provision of services through a time frame or during the passage of legislation aimed to impact the service. Others use historical analysis with some quantitative data (Figures, polls) etc. to account for the provision of services. A consensus among the scholars is that budget problems and lax institutional structure within nations is what accounts for ineffectiveness in the provision of services (Sances 2018; Mintrom 2003, 41). Lax institutional structure refers to a lack of governance and planning of institutions. On the other hand, the literature fails to establish a relationship between the provision of services and decentralization and in their specific case studies. Scholars do not present decentralization as a main factor impacting the provision of services. Qualitative studies do a better job at looking at the internal factors that impact provision of services through historical backtracking, but their focus is still on projects or legislation that has affected the services. Projects and legislation meant to impact specific public services on a smaller scale are accounted for more as compared to looking at systemic phenomenon such as decentralization. Although the factor of decentralization is not completely ignored within the literature on the provision of services, it is not developed any further. The provision of public services also looks at responsiveness and participatory government.

Additionally, the measurement of responsiveness within a nation related to the provision of public services is a widely discussed topic that has its shortcomings. It is important that I discuss the benefits and disadvantages of measuring responsiveness in relation to the provision of services. Responsiveness is “an outcome that can be achieved when institutions and institutional relationships are designed in such way that they are cognizant and respond

appropriately to the universally legitimate expectations of the citizens” (Popescu 2016, 68).

There are benefits to measuring responsiveness because it does tie the government to the people. The responsiveness factor contains facets about accountability, which is essential for understanding public service delivery. If the polls or public opinion data set says that water and sanitation has not been good in a specific region, perhaps right after a particular law, election, or natural disaster, then that data is highly reliable especially if paired with quantitative data regarding water and sanitation (scholars mostly look at clean water zones and sewage drainages in particular distances) (Popescu 2016; Hendriks 2010). Responsiveness of the public shows how accountable the nation is to the problems of the people.

Unfortunately, basing literature mainly on the relationship between responsiveness and provision of services has its disadvantages because it is incomplete and cannot apply to all case studies and situations. First, the sample that is picked must be able to represent the entire region being studied. Since public services and their quality, are quite subjective, it is difficult to see only through responsiveness. Additionally, the responsiveness literature is useful in assessing the public’s perception of the quality of service but does not provide data on the actual quality. This is because open-ended questions cannot account for the opinions of all constituents causing limitation on public service delivery data.

Furthermore, the scholars look at how a participatory government, “one in which constituents have institutions that involve them in the lawmaking process,” can improve service delivery (Thompson et al 2018; Bauer 2009, 35; Dauti 2014). A participatory government works hand in hand with the data obtained on responsiveness of a government. Data collected about responsiveness is utilized in creating a participatory government. This is because the responsiveness data helps to include the constituents into the lawmaking process. For example, if

a region is unresponsive regarding health services, because surveys obtained showed that most people do not know how to get a referral for a specialist, then the participatory government would use this data to set up institutions that would improve the health services and address this problem. It can be inferred that accountability will benefit and the provision of services will be better if citizens are more involved with their government's decisions. But, the results in the long term do indicate that measures put in place to increase responsiveness and set up a participatory government are sometimes short-term projects by governments prior to election season. These promises are not meant to be implemented in the long run, thus have no long-term impact on service delivery (Karuri et al 2010).

The literature on provision of services can numerically present sufficient data sets on a particular service, backing it up with a historical analysis, but looks at the provision of services in a one-dimensional framework that is only affected by budget, lax institutional structure, and responsiveness. These are important facets of the inner working of the provision of services but are not enough in explaining public service delivery in developing democratic nations, as decentralization is overlooked. The general literature on decentralization of public services agrees that decentralization allows for the effective provision of services in developing democratic nations. Arguments against decentralization are not against the idea but claim that widespread corruption and ineffective institutions hamper effective decentralization in practice. Next, I will discuss the second theme of decentralization in the literature review.

Decentralization

Decentralization is a topic widely discussed in political science. To understand decentralization, it is best to define it and then offer the pro and con arguments by scholars. Decentralization is the “transference of authority, legislative, judicial or administrative, from a

higher level of government to a lower level (Reddy 1999,16). It signifies a growing international acceptance of a more democratic and participatory approach to local governance, where direct services can be ensured by empowering the citizenry and integrating them into the local policy making process (Reddy 2010, 67).” The linkage between decentralization and provision of services is made in several case studies particularly the African and Latin American regions, with a lack of adequate planning and resources as the main culprit for unsatisfactory public service delivery (Baban’umma 2010; Asunka and Afulani 2018; Hendriks 2010; Musekiwa and Chatiza, 2015). These scholarly debates show that decentralization is sometimes problematic in practice. The provision of services is measured through a specific time period and linked with decentralization efforts in the particular nation. Effectiveness of services is determined by the tenets of effective public service provision laid out by governments or international organizations.

Scholars who favor the decentralization argument agree that by empowering the local and provincial governments, the needs of the public are met in a quicker and more comprehensive manner. There is a view that federal governments cannot possibly meet the demands of all its constituents thus, a distribution of power is necessary. The studies the scholars use to back up their claims often trace decentralization efforts in struggling democracies such as South Africa or Nigeria. This is done by observing the long-term outcomes of service delivery projects in local governments (Hassen 2003). Most of the findings indicate that decentralization is hindered when there is misuse of funds by local governments and a lapse of communication and strategic planning prior to the fiscal year (Ahlborg 2015; Keefer and Khemani 2005). The literature on the pros of decentralization does highlight its benefits and propose models that would mitigate the hurdles to establish decentralized services. Most scholars acknowledge that there are benefits of

decentralization, but the misuse of funds is what gets in the way of decentralized services. The pros scholars mainly argue that decentralization is effective in the provision of public services when governments do not misuse funds.

The con argument towards decentralization is a smaller group of scholars that argue that the idea is idealistic. These scholars refer to themselves as pro “top down” (Mccort 2012; Escobar 1995; Scott 1998). They argue that allocating most of the budget and resources for the federal government is effective in catering to the needs of the public. This makes them against decentralization because they do not want the majority of the resources in the hands of provincial or local governments. The work of Escobar shows that local governments are known to misuse funds and have inadequate personnel overseeing big projects, which otherwise the federal government can do far better. The counter argument would be to equip local government with resources that ensure proper institutions and personnel oversee projects. But, Mccort, Escobar, and Scott argue that it is a waste of time and money for the federal government to delegate and set up programs in local governments when the federal government itself can do all the work.

Both groups of scholars do argue that some level of decentralization is needed in nations as it reduces the middleman or several layers of institutions the common man must go through to get something done. For example, if a constituent of a specific region needs clean water for his neighborhood it is difficult for him to go to the federal institutions that are not only far away, but also busy with other duties. That is where the local institutions come in and help mitigate conflict. From the arguments of the scholars, the main problem with decentralization is corruption and a lack of planning for the building of effective institutions.

In summary, the scholarship on decentralization indicates that it is an effective form of governance. Critics have attributed the lack of benefits to poor implementation and misuse of

funds. Nations and institutions have misused funds and have planned poorly to decentralize services, a main culprit of decentralization. Leading to our case study, the larger context around decentralization in particular regions has often been overlooked. This means that decentralization has been studied by scholars without utilizing a historical context and involving factors unique to the region of interest. This would allow one to see how those factors affect decentralization (and vice versa). The same can be said about KP Pakistan. Decentralization has been studied in Pakistan but an analysis of decentralization in a larger context is missing. The first part of this study is to provide a larger context of decentralization in KP Pakistan. The subsequent section will provide more detail about how decentralization has been studied in Pakistan so far.

Decentralization in Pakistan

Turning to the case study of Pakistan, research has been done on decentralization in Pakistan and most notably in the region of interest, Khyber Pakhtunkhwa. This section will first discuss decentralization efforts in Pakistan, scholarly explanations of decentralization, and then a critique of the explanation. After the military coup of General Musharraf's military government, the local government system started in August 2001 through the *Local Government Ordinance (LGO) 2001*. This was the third in a series of decentralization reforms but "much more comprehensive and significantly more ambitious in their aim to transfer meaningful power to the local governments" (Aslam and Yilmaz 2011, 162). These efforts, called the Devolution Plan, "introduced radical institutional changes to help redress key issues around political participation, governance, resource distribution, and service delivery," and to improve government accountability by empowering citizens to hold the state directly accountable (Khan 2015, 575). In Pakistan there are scholars who favor and others who oppose decentralization. Devolution is a type of decentralization and is used synonymously with decentralization in Pakistan as it "not

only transfers power to lower levels but also makes a case for ownership of assets as well as the transfer of whole governance responsibility to the local or sub-national level” (Saud and Khan 2016, 399).” It is pertinent to discuss how scholars have viewed the outcome of decentralization in Pakistan since the Devolution Plan, and the relationship developed thus far with the provision of services.

The literature argues that the goals of the decentralization reforms in Pakistan were initially to create “create political allies of the regime at the local level to counter opponents at the national and provincial levels,” and to create “avenues for local government to respond to popular pressure for service improvements” (Hasnain 2010, 129). The goals of decentralization were equal distribution of services amongst all provinces. However, top-down scholars, such as Watson and Khan, argue that the quality of the services is low and not well-regulated as compared to being headed by the federal government, again with the argument of misuse of funds and inadequate institutional structure. Their argument is further supported by specific research done in provinces in which decentralization negatively impacted developmental projects aimed to provide efficient services (Khan and Ghalib 2012; Watson and Khan 2010). This research mostly looked at development projects in Punjab that were defunded due to the adaptation of decentralization efforts. Prior to decentralization these projects related to roads and water/sewage were funded and well-functioning, but the transfer of power disrupted the process (Watson and Khan 2010). Primarily, it was not the idea of decentralization but the way it was implemented in its early years. But there are some flaws in the scholars’ interpretation and methodology of measuring decentralization in the nation.

The focus on the provision of physical infrastructure by scholars has limited our understanding of the delivery of other public services. This is called sector prioritization which is

when there is prioritization of the “provision of physical infrastructure - specifically, roads, water and sanitation, and rural electrification - at the expense of education and health” (Hasnain 2010, 130). This practice is done by politicians but even scholars researching on decentralization tended to focus on services that were related to the physical infrastructure of the nation or region. This is because those improvements in the physical sector show that decentralization reforms have finally worked. Measuring education and health is more complicated as the criteria are much nuanced and not straightforward as compared to the black and white nature of measuring physical infrastructure. (e.g. a bridge or road is either built or not). Education and health are continuously ignored by scholars as they do not fit into the framework of their research. Thus, physical structure prioritization of services became the issue in seeing the actual impact decentralization reforms have on the provision of services. The second part of my study is to overcome sector prioritization, studying health and education services in KP from 2008-2018.

Summary

In Pakistan decentralization efforts from the early 2000s have generally been appreciated by scholars and criticized for the same reason of corruption and ineffective institutions. However, what has not been studied is a larger context of decentralization in the region of KP Pakistan. By focusing on specific services more than others, scholars and politicians have ignored the rest of the services (health and education), particularly in Pakistan. The dearth of literature regarding the provision of services and decentralization post 2001 reforms in Pakistan, will be met in the following manner: the first part will utilize historical process tracing to present decentralization in KP in conjunction with the sociopolitical factors of the region. The second part will utilize statistical analysis to measure the services of health and education, in order to study their impact on decentralization (and vice versa). This study expects to find a positive

impact of decentralization on the provision of public services in KP Pakistan based on the literature conducted thus far. The subsequent sections will explain how I have collected data on the two parts related to my research. The research design section will provide an in-depth overview of my study.

Introduction to Research Design

Research on the provision of services has investigated the decentralized implementation of public service delivery (Asunka and Afulani 2001; Sances 2018; Mintrom 2003; Thompson et al 2018; Bauer 2009; Dauti 2014). When public services are decentralized, the federal government delegates monetary and institutional authority to state/local governments. Although scholars argue that sometimes decentralized services are more effective in theory than in practice, it was found that decentralization of services is more effective than the centralization of services. Regarding KP, I am arguing that decentralized services are in fact more effective in practice.

The delivery of public services is particularly difficult for developing democracies because of lack of resources, poor institutional structure, and systemic corruption. In order to enhance public services, some developing nations have embarked on a path towards decentralization. Pakistan is a developing democracy that headed towards decentralization through reforms provided by three military government and the 18th Amendment. The case study of Pakistan is interesting as more than half of Pakistan's history consists of a centralized government under military rule. More interesting is the Khyber Pakhtunkhwa region of Pakistan, located between the border of Pakistan and Afghanistan. This region encompasses a variety of sociopolitical factors such as Afghan refugee crisis, corruption, ethnic violence, and informal and formal law, which are impediments to the decentralization of services. The tradition of

centralized government and the effect of these sociopolitical factors make this province a good test of the effectiveness of decentralization on the delivery of services.

This province was chosen because the characteristics of this province have made decentralization difficult. The KP region is riddled with problems internal to its political structure and security as compared to other provinces. Studying decentralization and the provision of services is essential for this region to see how they have overcome the odds against them. Additionally, the changes the government of KP has made in these ten years will become evident through the data collection. As I will study the effect of decentralization on public services in a particular province of a nation, ultimately, **my argument is: based on the literature to date, I expect to find that decentralization had a positive impact on the provision of public services in Khyber Pakhtunkhwa, Pakistan from 2008-2018.**

Methodology

I have looked at the historical context of decentralization in Khyber Pakhtunkhwa, Pakistan by observing primary (government documents) and secondary documents (history books or scholarly analyses), that tell the points in history when decentralization began, the political situation of the province, and the sociopolitical factors that affect decentralized public services. The primary government documents come from the website of the KP Government that discuss legislation regarding decentralization. The secondary documents are history books on decentralization in the nation or works of other scholars regarding decentralization. The second part of my study utilized government statistics to focus on the health and education services because they have been neglected in previous studies and are important for the nation. I measured the effectiveness of the two services by using the objectives outlined from the KP

government. There are three datasets whose information will come from a mix of government statistical reports.

The larger construct of decentralization is to be studied, measured and operationalized in the following manner: the method of process tracing is utilized to analyze the history of decentralization in Khyber Pakhtunkhwa, Pakistan. Factors of the KP region such as Afghan refugees and religious violence, are the prime focus in analyzing the sociopolitical factors affecting the decentralization process. These are chosen because there is past and present research on them. As I observed the history of decentralization in the KP region in relation to the characteristics of the region, patterns emerged to explain the evolution of decentralization in KP. For example, the influx of undocumented Afghan refugees in the region affects the provision of public services in the region, as the decentralized state cannot support the population with equal distribution. The relationship of a porous border and decentralization shape decentralized services for several years in KP. Instead of offering a one-dimensional historical analysis of decentralization in KP which focuses only on dates and policies implemented, this study aimed to account for factors of the region that have shaped decentralization. This method of process tracing allows us to see the following but not limited to: the impact of decentralization on the government of KP, which factors of the region have shaped decentralization, the periods in which decentralization struggled, and how the provision of services in the second part of the study have been affected. The second part of the study is quantitative and deals with education and health services in KP.

Studying, measuring, and operationalizing health and education

The construct of the provision of public services, that is health and education, is studied, measured, and operationalized by utilizing government statistics. The two services in KP are

measured from 2008-2018. The following sections will provide detail as to how the effectiveness of each service was measured. The subsequent section will attempt to explain what the process tracing of decentralization combined with the statistics of services means for the research question.

Health

According to the Health Department of Khyber Pakhtunkhwa, problems of economic growth, terrorism, and security have plagued the region and inhibited the development of the health sector. Thus, the government of KP and the health department outline objectives, which will be basis of our measurement of health in KP from 2008-2018. Health outcomes in KP are compared to the following objectives:¹

1. “Enhancing coverage and access to essential health services especially for the poor and vulnerable.”
- 2: “A measurable reduction in morbidity and morbidity due to common diseases especially among vulnerable segments of the population.”

Health Objectives and Sub-Objectives

Health Objectives	Sub-Objectives
1) “Enhancing coverage and access to essential health services especially for the poor and vulnerable.”	1a) Hospital Environment
2) “A measurable reduction in morbidity and morbidity due to common diseases especially among vulnerable segments of the population.”	2a) Vaccinations 2b) Hospital Treatment

¹ Obtained from *Khyber Pakhtunkhwa Health Sector Strategy (Government of KP)*

Within these objectives, there are several goals. For example, regarding the first outcome, there is a special focus on increasing the doctor to hospital ratio in rural areas of KP and decreasing the cost for emergency services. For the second objective, initiatives to fight diseases such as malaria are to be taken. Effectiveness of the health services over the ten-year period will be determined by the improvement of the objectives from one year to the next. Improvement will be determined by the following: in the health reports filed by the KP government and health department, there is a section that is titled “outcomes.” Outcomes outline the initiatives to be taken to meet the objectives within the yearly time frame or five-year term. If those specific outcomes were met from one year to the next (keeping in mind the several subsections of the outcome) then the data will determine the improvement in service delivery.

To validate whether the outcomes are met, government statistics within the region will be utilized. Government statistics are organized into three varying data sets. The first one is a simple chart organized with the health objectives and sub-objectives. If bolded, then those objectives or sub-objectives were met.

The second organization method is more complex as it will look to the sub-objectives by year. This will provide more detail than chart, which is meant to provide a visual summary for the data collection. The specific organization method that will be used for the data is to be determined after the data has been collected. The third data set looks at the budget allocation to the varying health objectives per year. Increases or decreases in budget as compared to the two data sets, will show whether budget allocation affected the objectives. If budget in health increased from one year to the next, and the health services in the budget did not improve, then what does this say about where the money is being allocated? Should it be utilized towards or a different objective, or does there need to be institutional reform to meet the initiatives? Thus,

decentralization is questioned. If it is determined that decentralization efforts have been strong for a given year or two (increased budget means more power to provinces through institutions), and health services did improve, then there is a positive impact of decentralization in KP. After the collection of the data for health, a variety of patterns and questions will arise that will explain our study. After analyzing health, we will measure and analyze education services in KP.

Education

Education services are measured and analyzed in the same manner as health. The first data set consists of the following objectives outlined by the KP government by year:²

- 1: “Improving Quality.”
- 2: “Enhancement of enrollment.”
- 3: “Infrastructure and Environment.”

Education Objectives and Sub-Objectives

Education Objectives	Sub-Objectives
1) “Improving Quality.”	1a) Government institutions by school type 1b) Government teachers in by school type 1c) Total number of teachers by year
2) “Enhancement of enrollment.”	2a) Government school enrollment by school type 2b) Male and female enrollment by school type 2c) Total government school enrollment by gender 2d) Complete enrollment by year
3) “Infrastructure and Environment	3a) Primary schools without basic facilities 3b) Secondary schools without basic facilities 3c) High schools without basic facilities 3d) Higher ed. schools without basic facilities

² Obtained from *Khyber Pakhtunkhwa Education Sector Plan (Government of KP)*

Similarly, the first data set is a simple chart organized with the health objectives and sub-objectives. The second data set is more detailed as it will consist of the sub-objectives of education. The third data looks at budget allocation to the varying education services per year. Akin to health services, numerous questions regarding the relationship between effective education services and decentralization are raised and addressed. Now I will discuss how these two parts of the study-process tracing of decentralization and statistical analysis of services will complement one another.

In our case study of KP, Pakistan, the mixed method usage of process tracing and government statistics addresses the research question. Again, I am trying to see the impact of decentralization on public service delivery from 2008-2018 in Khyber Pakhtunkhwa. The method of process tracing provides the background information on decentralization in KP but also with respect to the socioeconomic factors of the region. The second part in which I measured and analyzed health and education services from 2008-2018, tells of the overall effectiveness of services in this ten-year period and the impact of decentralization on the services. I will present the impact of factors on decentralization in KP, prior to the quantitative section on services. This insight from the first part allows us to see in the second part, the impact of decentralization on the provision of the two services. But there are some limitations to the two parts of our proposed data.

Limitations

For the first part of our study, I process traced decentralization. Although previous studies discuss the history of decentralization in Pakistan, socioeconomic factors of KP have been disregarded. But there are some weaknesses to my approach. Firstly, it is difficult to account for all the characteristics of the region that impact decentralization. Secondly there are

several factors such as corruption, which do impact the provision of services but there is insufficient scholarly work and data to support any claims. I also prioritize some characteristics more than others, such as Afghan refugees and religious violence. This prioritization limits my study of decentralization of KP. Fortunately, this limitation can be met by acknowledging the difficulty in measuring every single possible characteristic of a region. These factors on decentralization are pertinent to the issue of provision of services.

Another limitation regarding the second part of our study, the quantitative analysis, is lack of numerical data for all the objectives and sub-objectives for every year from 2008-2018. This was met by trying to utilize my sources in Pakistan to get all the data I need. Another limitation is bias or credibility issues regarding the data set. Conflict arises if government sites report different numerical data on service delivery as compared to other government sources. In this case, the varying data sets will be discussed in the results section. Regarding the limitations of the two methods, I tried my best to overcome them through utilization of varying sources.

Part 1: Historical Process Tracing

The subsequent sections will serve the following purpose: first, to trace the decentralization reforms in the case study of KP, Pakistan. Second, I will connect the sociopolitical factors of the region of KP to decentralization efforts to show how they are obstacles and whether they have been overcome. We will see through the historical analysis how decentralized services have improved when these obstacles have been mitigated in KP. Further evidence of how decentralized services have become more effective over time will be seen in the second part of the study; the quantitative section.

1.1 History and Analysis of Decentralization Efforts

Earlier I discussed decentralization reforms under the Devolution Plan, which is used interchangeably as the Local Government Ordinance 2001, were enacted to start decentralization reforms in Pakistan. I also discussed how this brought more focus on local and provincial governments thus, better provision of services. However, now I will go into detail as to what these recent reforms entail and how they take in place KP in conjunction with the sociopolitical factors.

I will first explain what the Devolution Plan does to the layers of government in Pakistan. Previously there was a provincial government and national government, with the former not empowered through monetary resources. Local governments failed to exist, primarily because they were a threat to military governments who wanted to hold monetary control of the nation. However, this plan allows the local government to be divided into three tiers within each of the four provinces (also known as divisions) in Pakistan. The three tiers are the following: district (*zilah*), tehsil, and union council. A district is the first of the tiers and divides each province further, such as the concept of states in the U.S. There are District Governors or District Coordination Officers, similar to mayors in the U.S. In Pakistan total there are a total of 129 districts and 34 in KP (Commonwealth Local Government Forum on Pakistan 2017). The district serves to carry out the functions of the provinces within district (“state”) lines and focuses on agriculture, community development, education and health.

Secondly, the tehsil is the second tier of local government which breaks up the districts and is akin to an administrative headquarters of the district. In KP there are 3,339 tehsils, which includes village and local councils. KP is the only district with tehsils primarily because of the diverse ethnic makeup of the region. There is no governor in these but rather a Tehsil Council

Officer and council which is akin to a larger city government. A tehsil serves to carry out functions related to the infrastructure of buildings, roads, schools, etc.

Finally, the third tier of local government is the union council which serves the locals through direct elections and is synonymous to a city hall or town hall council. There is a total of 7,979 union councils in Pakistan and 2,835 in KP (Commonwealth Local Government Forum on Pakistan 2017). Additionally, since there are urban and rural areas across Pakistan, the councils are often known as “rural” or “urban,” to receive adequate resources according to their needs. These union councils serve to meet the community needs of the area, such as local crime reduction, community or recreational activities, housing etc. After discussing what the local government system entails, it is important to see how it is justified for the nation and region of KP as well.

Prior to decentralization reforms there have been times in Pakistan's history in which elections on the provincial level were held. This mostly occurred during military coups of Haq and Ayub who sought to legitimize their military rule with pseudo decentralization reforms, involving similar plans like the Devolution Plan but no complete enactment. It is only after the Devolution Plan that local elections received importance. These local elections are the foundation upon which decentralization has the possibility to prosper. These elections strengthen the three-tier system of local governance which scholars believe will bring political power to the lower level and better service provision (Kharl et al, 57).

Giving resources through a local three tier system benefits the rural population as decentralization in Pakistan “entails a net transfer of fiscal resources from richer to poorer areas” (Kharl et al 60). An ethnically diverse region like KP has lacked proper provision of services because the former centralized system led to allocation of the majority of resources to other

provinces or other areas within the region that were better financially. To better understand the benefits of decentralized services, I will spend the subsequent sections discussing how health and education is decentralized in Pakistan.

Now moving to the particulars of decentralized health services in Pakistan and in KP, I will discuss the institutions in Pakistan that control the several aspects of the healthcare industry. First, it is important to know that health care in Pakistan is a mixed system with both private and public hospitals and institutions. However, the challenge is that private healthcare makes up 70% of all the healthcare facilities in Pakistan, as the government has poorly managed the public sector in the past (Kumar 2017).

Since services were decentralized in the early 21st Century, public healthcare systems have been renovated, The Ministry of National Regulations and Services functions at the federal level and “plays a key role in the formulation of policies, strategies, setting a vision, and planning” (Kumar 2017). However, it is the provincial and local government that takes charge of the operationalization of the policies. Additionally, there are two different tiers of the health care system. The first or primary health care facilities is provided by Basic Health Units, Government Dispensaries in a village area, and Rural Health Care Centers if it is a town. The secondary health care facilities are called Taluka Head Quarters and District Head Quarters at the district or city level. Financing public health care is now done primarily at the district level rather than a federal or provincial level. This leaves 60% of the government health expenditure to be managed at the district level” (Kumar 2017). Apart from government revenue, under decentralization the public health care sector is supported by “out of pocket payments, developmental partners, private insurances, external resources to NGOs and world funding” (Kumar 2017). With the

public health system being managed at the district level, healthcare in KP has improved, which will be seen in the quantitative section.

Similarly, with education in a decentralized Pakistan, there are several institutions and tiers that manage education to make it a more local effort. As with health, education is also privatized in Pakistan, and government schools have been neglected in the past. The Devolution Plan was enacted to reduce this neglect by creating several tiers within different services. For education there are three levels of education, federal, provincial and district. The federal government is responsible for “national policy formulation, addressing issues regarding access to education, equity and quality of education, setting teacher pay levels, defining required teacher’s qualifications, setting the norms for national curriculum and assessing student’s performance through national assessment systems” (Shah 2003, 5). The provincial government is now in charge of the “formulation of Provincial Education Policy in the light of National Education Policy, coordinating with the federal government for implementation of ESR program as well as with the respective districts, arranging pre service and in-service teacher training, assuring equity, access to schooling, quality of education and influencing curriculum” (Shah 2003, 5).

However, the district is more accountable to the people and directly impacts the community and is the most pivotal part of the Devolution Plan. Decentralized education brings the local governments accountable to the citizens as the district is responsible for “planning, monitoring and devaluation of education system at the district level” (Shah 2003, 5). They are also responsible for recruitment, salary, managing teaching and non-teaching staff at the district level. The district level is given these jurisdictions over the public education department in order make sure that education is a local effort.

Regarding how education is financed the district can obtain money from the district governments' own resources, provincial non-earmarked block grants (money granted to districts for a specific expenditure), and from ad-hoc federal education grants (grants for unexpected expenditures) to provinces and districts (Khan & Mirza 2011, 157). It is now the responsibility of the district regarding how much is to be spent on education. The district governments are now "fully empowered to allocate expenditures to various sectors in accordance with their own spending priorities that are evident from the annual budgets" (Khan & Mirza 2011, 158). Even though most of the money and resources come from the federal and provincial governments, districts still have their own resources and much of the responsibility to meet the health and education needs of their constituents under decentralization. However, there are obstacles for decentralized health and education services. These obstacles are sociopolitical factors of the region in KP—Afghan refugees and religious violence

1.2 Sociopolitical Factor 1: Afghan Refugees

While observing the arduous process of decentralization Pakistan has undergone, it can be agreed that extending the provision of public services to the largest population possible is one of the main reasons Pakistan changed its government structure. The Afghan refugee crisis began in 1979, a time where there had been two previous attempts to decentralize public services. One was by General Ayub in 1958 and the other by General Zia in 1979. However, both plans were not to be actually implemented in the long run and simply legitimized military rule. Mainly, the majority of Pakistan rejected these decentralization attempts as they were being headed by a military government. At the same time of Zia's planned decentralization efforts, the Soviet Invasion in Afghanistan prompted the Pakistani government to welcome their Afghan neighbors. However, the already porous border (the Durand Line) brought in a large number of refugees for

years to come. Later in history, the Pakistani government's inability to provide for this population will ignite an array of issues. During the analysis of the sociopolitical factor of Afghan refugees, first I will detail the history of the influx of Afghan refugees, next I will discuss how this conflicts with decentralized services, and I will conclude with the current situation and possibility of improvement of this obstacle. Perhaps, decentralized services can actually aid Afghan refugees and others in Pakistan through correct integration of their neighbors.

Prior to discussing the history of Afghan refugees in Pakistan, it is essential to define what a refugee is. The most appropriate definition during 1979 comes from the Geneva Conventions of 1958. According to the Geneva Conventions "the term refugee shall apply to anyone to anyone who...owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable to or, owing to fear is unwilling to avail himself of the protection of that country" (Khattak 2003, 198). During the time of the Cold War, Western Allies and the U.S. supported many who were fleeing under USSR rule. Pakistan was involved with the Cold War as they were allied with the U.S. for containing Soviet expansion. Acceptance of Afghan refugees by the Zia regime did not serve to be merely a goodwill gesture. Rather it was the military regime's "attempt to gain internal and external legitimacy, and to strengthen itself on the military, economic, diplomatic fronts by taking anti-communist stance and toeing the American line in its supports of the Afghans" (Khattak 2003, 198-199). Additionally, Pakistan was receiving plentiful aid to accommodate the Afghan refugees and to establish madrassas to train the mujahideen in order to defeat the Soviets in Afghanistan. However, Pakistan would not have this foreign aid for long. By the late 1980s the end of the Cold War, the 1990 breakup of the

Soviet Union, the dismantlement of the Soviet-backed Afghan 1992 government, and subsequent 1996 Taliban invasion, led to decreased support for aid for the Afghan refugees. Pakistan and predominantly the KP region were left with millions of refugees without any resources to protect them. At this time, Pakistan had countless documented and undocumented Afghan refugees. After 9/11, Pakistan sealed its border and would no longer allow any Afghan refugees to enter, citing fear of terrorism in the nation. However, international pressure made them change the policy and allow 1.5 million to enter. Similarly, in 1979 and subsequent years, the refugees lived in camps. The difference now is that the refugees were forced to live in the cold mountainous terrain compared to relatively good and welcoming camps back when Pakistan was receiving aid. This issue of Afghan refugees also plays a role in religious violence as an obstacle for decentralized services in KP and will be discussed after the subsequent section on the impact of refugees towards decentralization.

Although the Zia regime implemented pseudo decentralized efforts consisting of non-politically elected governing bodies (religious leaders), the majority of the financial resources was still in control of the national government. The illegitimate military government could not afford to lose its hold over Pakistan by giving provinces power. Through 1979 and the early 1990s, centralized services worked well for Afghan refugees because of foreign aid. However, without foreign aid this centralized system offered no support. Thus, the entry of the Devolution Plan formally introduced Pakistan to decentralization. In provinces such as Punjab and Sindh, this task was mandated by a policy that would account for all the population. However, KP suffered due to its large refugee population. The provision of service delivery under a decentralized system was also difficult for KP due to this population. Furthermore, most refugees were ethnically Pashtun, which is the primary ethnicity in KP, making them more similar to the

culture of Pakistan as compared to most refugees from other foreign nations. This similarity somehow made the government even more responsible to meet their needs as they were like their own. But, KP failed to have the economic means to accommodate the Afghan refugees. Thus, even after the Devolution Plan, decentralized services in KP encountered an obstacle in the form of Afghan refugees, a population that was already marginalized economically, socially, and politically. Consequently, an increase in repatriations began in the early 2000s. An article by the Journal of Urban Regeneration & Renewal, by Ammar Malik, says in early 2016, 1.5 million documented and 1 million undocumented refugees lived in Pakistan, the majority in KP (Malik et al 2017, 31). Additionally, since 2009 an average of 56,839 Afghan refugees leave per year. However, just between July-November of 2016, 369,580 documented refugees and 200,000 undocumented refugees left Pakistan. Human Rights Watch (HRW) and United Nations High Commissioner for Refugees (UNHCR) believe that these repatriations are rather forced based on the interviews of 150 former Afghan refugees. These repatriations were mainly done to decrease the economic burden on the state and KP province, along with lessening the chances of cross-border terrorism. Although through the quantitative data I will show that health and education services improved immensely under a decentralized form of services in 2008 to 2018, is it at the cost of these repatriations? To conclude I will discuss the most current Afghan refugee situation and offer an approach to how this obstacle to decentralized services can be transformed into an ally of decentralized services.

Afghan refugees have been a subject to a variety of conditions and hardships in Pakistan, primarily because they are seen as a burden on national and provincial governments, which as a result, cannot provide adequate services. However, the past few years brings a shift in policy that is in the interest of the Afghan refugees. Since September 2018, newly elected Prime Minister

Imran Khan has promised to grant Afghan refugees citizenship in Pakistan. This is due to mounting international pressure from human rights groups and the fact that as many as 60 percent of Afghans in Pakistan were born there to Afghan refugees (Barker 2018). Birthright citizenship is a concept in Pakistan and was previously denied to Afghan refugees. The newly elected government of Pakistan Tehreek-e-Insaf is more inclined to help integrate Afghans into Pakistan, especially since it has been the ruling party in KP since 2013.

Previously, I acknowledged that the Afghan refugee crisis is one of the sociopolitical factors that has been an obstacle to decentralized services in KP because of the economic shortcomings of the provincial government. This is still true for earlier years, but recent times show that this obstacle is slowly decreasing due to decentralized services. Institutions such as Commissionerate Afghan Refugees (CAR) in KP, is backed by UNHCR and works with the KP government to help Afghans integrate into society by offering a multitude of social services (kpkcar.org). Regarding the specific public services of health and education, the KP government has included Afghan refugees. In the health sector, the UNHCR signed a memorandum with the KP Ministry of Health to bring forth the provincial immunization program to refugee camps and to other Afghans in KP (UNHCRpk.org). Additionally, the KP government supported universities welcoming Afghan refugees, such as the Peshawar Afghan University and helped integrate refugees in primary government schools (reliefweb.int). With more programs that integrate this large population into the province's platforms, this once great obstacle against decentralized services can help make the province even more successful in decentralized efforts with a healthy and educated population.

1.3 Sociopolitical Factor 2: Religious Violence

Unlike Afghan refugees, this sociopolitical factor does not become a benefactor to decentralized services in KP, but rather a reason for policy change in Pakistan and KP's framework to combat terrorism. Terrorism or religious violence are the main obstacles to implementing decentralized services effectively in KP. Closely tied to the Afghan refugee crisis, this is a negative by product of a porous border which has involved Pakistani society as well as refugees. For this sociopolitical factor I will follow a similar route of analysis: first I will look at the history of religious violence in KP, and next I will show how this negatively impacted decentralized services. Finally, I will conclude with the current situation and consider whether there is room for improvement to combat this obstacle.

There are two main causal factors of the origins of religious violence in KP and in Pakistan overall: increased Islamization of the nation and the Afghan refugee/porous border. In its early beginnings, Pakistan was envisioned as a parliamentary democracy without a religious government, but a land for Muslims and other religions to live as they wish. However, the nation still lacked an identity and purpose. Thus, in 1973 Zulfikar Ali Bhutto, founder of Pakistan Peoples Party, sought to bring Pakistan a national identity into regional and global politics. He started the concept of unity under an Islamic nationalist identity which further fueled sectarian violence—violence amongst the different sects of Islam. Specifically in KP, violence was on the rise due to extensive military involvement which fueled divide amongst different sects (Sunni vs Shia) (Edgett 2010, 18). Although Bhutto was overthrown in a military coup in 1977, the military regime of Zia Ul Haq furthered Sharia Law in the nation through constitutional amendments that would take decades to overturn. Examples of this include blasphemy laws, separate Sharia courts to decide cases under an Islamic lens, and a Council of Islamic Ideology

that can make and overturn legislation in favor of their interpretation of Islam. In the domestic life, legislation was created to impose inhumane punishments for fornication, adultery, rape etc., to enforce censorship in all spheres of life, and to appoint religious staff into all sectors of government (Edgett 2010, 20). Most of Zia's legislation was pro-Sunni, which fueled violence between other sects especially in KP. Under law, Sunnis were given more preference over other sects, which caused Shia groups and other minorities to rise. This, however, led to violence in the form of bombings, bestowed upon minorities. The government's silence signaled a sponsorship to this violence. In KP, citizens relied on the ISI (Inter-Services Intelligence) to maintain control, even though they were not on the minorities side. KP suffered tremendously at the hands of Islamization and state sponsored violence. Concurrently the Afghan refugee crisis has made KP a hotspot for terrorism.

The influx of Afghan refugees in 1979, as explained in the first socio-political factor, also caused religious violence. This is not because of a stereotypical rhetoric that all refugees are in favor of terrorism, but rather a display of the institutions created in the guise of offering Afghan refugees a place away from their Soviet backed government. Madrassas were religious schools built in KP that taught Afghan refugees. These schools were to teach the first generation of mujahideen, religious fighters that were against Soviet rule. This program was sponsored by the West and the U.S. With foreign aid and the best of technology, millions were taught military tactics and motivated through a corrupt version of religion to fight the Soviets. Pakistan was fighting a war it should have had no part in. However, Pakistan's own agenda to legitimize military law and keep its citizens under control was the reason for their support of the Afghan mujahideen. In the future, when the West pulled their support as did Pakistan, these mujahideen were left with no home and only the violence they were taught. Thus, Pakistan's long battle with

religious terrorism and the Taliban began, with the contemporary War on Terror to combat terrorism within its borders.

In a region which consists of religious violence and animosity amongst sects, it is impossible for the local and provincial governments to effectively provide public services despite a well-developed decentralized plan. Religious leaders with increasing political power negatively impact education and health services. Schools were also Islamized by the Haq era and female participation was not restricted but looked down upon. Healthcare in the form of birth control, immunizations, hospitals etc. have been lacking in KP because of threats and religious rulings (fatwas) by political clergymen (Schetter 2013, 54). The creation of extremist and nationalist political parties also paved way for violence to continue and disturb public services (Asim & Bilal 2017, 368). Political culture in KP became increasingly intolerant and violent owing to the complicated conditions of an influx of refugees and state sponsored violence.

Conditions began to improve through international pressure on Pakistan to remove terrorist safe havens and conduct crackdowns on religious groups, especially after 9/11. This prompted then President Musharraf to cooperate with the U.S. in removing terrorists' safe havens, mainly situated in KP. The crackdown on extremist religious parties and figures also began when Musharraf ordered the army to seize control of the Red Mosque in Islamabad, whose members and madrassas were responsible for terrorist attacks throughout the nation (Asim & Bilal 2017. 367). More recently in 2014, border security increased and new institutions to fight terrorism were created, after a terrorist attack on a school in Peshawar, KP. This attack included the involvement of two Afghan nationals, prompting the nation to control the border.

Additionally, The National Action Plan was created in 2015, which serves to crackdown on terrorism. This plan was created with the agreement of the major political parties in Pakistan

and outlined twenty different objectives. Some of them were: executions of terrorists, crackdown on hate speech, and registration of all religious schools (Ahmed 2015). In recent years, there has been a crackdown on banned outfits and extremist parties in Pakistan. The most recent and notable one was on March 4, 2019 when the Pakistani government “issued the UN Security Council (Freezing and Seizure) Order, 2019 in accordance with the provisions of Pakistan's United Nations Security Council (UNSC) Act, 1948” to seize the assets and properties of banned political parties (Siddiqui 2018). The government justified this action under the National Action Plan.

To conclude, it seems that Pakistan is on an upwards trajectory regarding the battle against religious violence. Religious violence has been an obstacle for decentralized services for KP because this region’s geographical nature and ethnic makeup led it to be more susceptible to terrorism. No public services can flourish under violence. Through the second part on education and health services, it will be shown how KP has improved from 2008-2018, regarding decentralized services. This is an indicator of the sociopolitical factor of Afghan refugees as no longer impeding the provision of services as they have become a part of the nation in recent years. Additionally, improvement in services indicated that religious violence is being combated by KP.

Part 2: Health and Education Services Statistics

2.1 Health

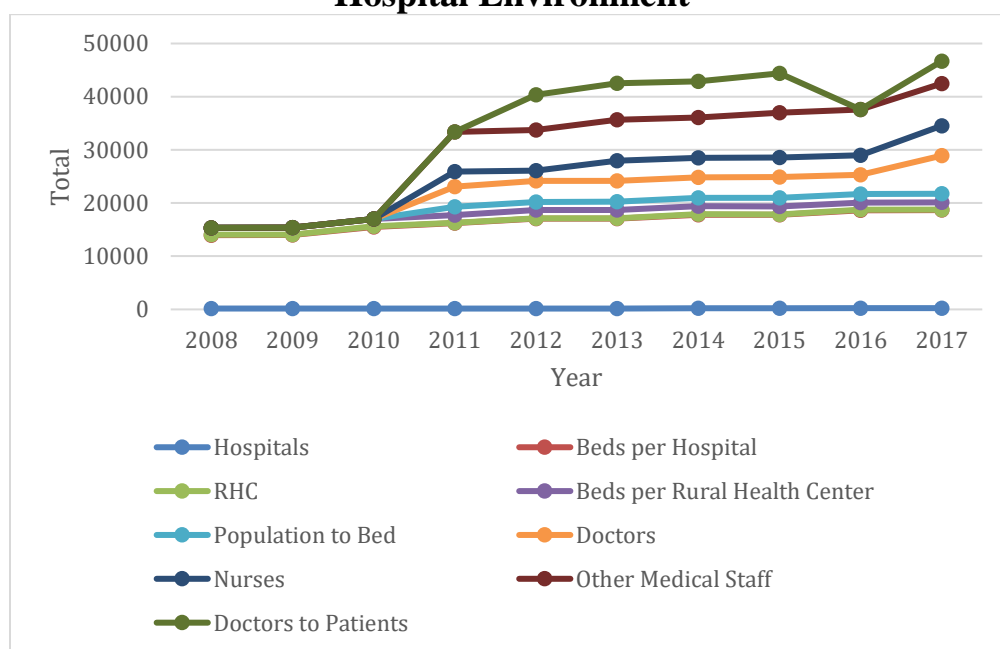
Now turning to the quantitative section of the study, it is imperative to see what I strive to accomplish through this data and what it means for my overall expectation regarding the relationship between decentralization and public service delivery. Through these subsequent sections I attempt to show the most current data on health and education services through 2008

and 2018. By showing the different categories of each service, I strive to show the different improvements or lack thereof in KP. Regarding my expectations, I have had hunches that decentralization will lead to improved service delivery primarily because of my observation of the KP region during my foreign study over the course of two years. Additionally, the literature on decentralization is compelling and led me to believe that decentralized services will give more benefit to the region of Pakistan. The previous qualitative section attempted to show the obstacles for decentralized services, while the subsequent section will show how these services functioned despite those factors.

Health Data Set 1: Sub-Objectives by Health Objective

Health Objective 1: “Enhancing coverage and access to essential health services especially for the poor and vulnerable.”

**Figure 1: Sub-Objectives for Health Objective 1a
Hospital Environment**



**All health statistics are obtained from the yearly reports (Developmental Statistics of KP) found on the KP government's bureau of statistics website (<http://kpbos.gov.pk>).*

The nine statistics indicated in figure 1, concern the poor and vulnerable more than the middle and upper classes, as the former is more likely to attend government health facilities as they bear little to no cost. It is pertinent to discuss each statistic in detail through the ten years. In terms of the number of hospitals in KP from 2008-2018 the number has steadily risen from 163 (2008) to 238 (2017). Although there have been three occurrences when two consecutive years had the same number of hospitals (2008-2009, 2012-2013 and 2016-2017), the number has not declined. Accordingly, the number of beds per hospital has increased per year. Even in the years in which no additional hospitals were made, additional beds were added with more wards created within the hospitals already. Turning to rural health care centers, which are situated in areas which are farther from the nearest government hospital, the number has increased from 88 (2008) to 91 (2017), but with some declines (2010-2011 and 2016-2017). Similarly, with the increase and decrease of RHC's beds have also either increased or decreased. Overall, hospitals and beds per hospitals have had a better turnout as compared to RHCs but that is not much of a concern. This is because most of KP has become increasingly urban and access to cars and public transportation allows persons to be able to get to government hospitals faster than they could in 2008 as compared to present times. It can be concluded that hospital and RHC statistics have steadily improved.

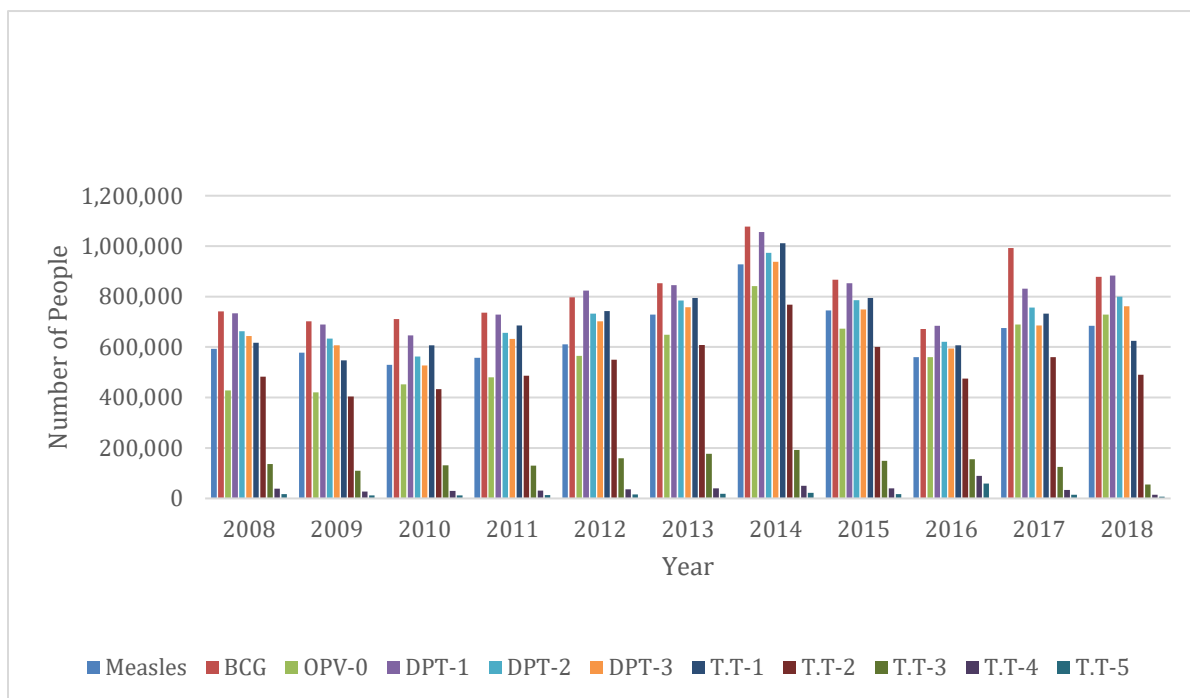
Turning to population per bed, this number has not really had much of a rapid increase or decrease, but rather a steady pace. This is rather expected as the number of hospitals, RHCs, and number of beds per institution increased steadily. Turning to staff, the first statistic of doctors featured a relatively steady increase (with some decreases), it nearly doubled from being in the high 3000s to 7,173 doctors in 2017. As to be seen further, increases in the health budget related to salaries is responsible for the ability of the KP to hire a large number of doctors within one

year. Fortunately with the increase in doctors, the doctors to patient ratio has decreased as well, indicating that the KP health budget regarding hiring more staff is a good decision. Similarly, the number of nurses significantly increased from the lowest point of 1,929 (2012) to 5,622 by 2017. Regarding the number of other medical staff there was no significant increases or decreases and the number stayed within the 7000 to 8000 range throughout these years. Overall it can be said that objective 1 was in fact met more times in these ten years as all the decreases (such as RHC) were made in accordance of necessity.

Health Objective 2: “A measurable reduction in morbidity and mortality due to common diseases especially among vulnerable segments of the population.”

Figure 2: Sub-Objectives of Health Objective 2a

Vaccinations by Year



*BCG= Bacillus Calmette–Guérin for TB
 OPV= Oral Polio Vaccine
 DPT= diphtheria, pertussis, and tetanus.
 T.T= Tetanus

Figure 2 shows the vaccinations by year administered in KP. They held relatively steady with a high of all vaccinations in 2014. However, alarmingly the series of vaccines did not stay consistent with the first vaccine in the series. Relatively, most of residents stuck through with the DPT series, however, this was not the case with T.T series. By T.T.5, the numbers were drastically less than the beginning of the series. Most of the population stuck with T.T until T.T-2. However, the numbers increased by half from T.T-3 to T.T-4 and so forth, particularly from the years 2009, 2010, 2017 and 2018. Thus, KP's vaccination program has helped with administrating malaria, BCG, OPV-0, DPT-1 to DPT-3 (still decreases with each dose but not as much as compared to T.T) but needs to do more for T.T throughout the ten years.

Table 1:
Sub Objectives of Health Objective 2b
Hospital Treatments

Year	ORS (Oral Rehydration Salts) Distributed	Malaria Cases Treated	Infant Mortality Rate
2008			74.00
2009			73.50
2010	186000	37927	72.00
2011	1297050	53117	70.50
2012	447316	33828	69.00
2013	765894	37970	67.50
2014	910010	74551	66.10
2015	1039426	64374	64.60
2016	1109665	74551	63.20
2017			62.85
2018			

As indicated in Table 1, ORS administered in government hospitals, there has been an overall increase from the point of origin. This is due to more hospitals, beds, and staff to administer the ORS. The same goes for malaria cases which had some highs and lows, which may attribute to several things such as an occurrence of an outbreak or environmental conditions. A high or low in malaria cases may not indicate much about the adequacy of the facilities to treat cases, as we would need statistics for the total number of recorded malaria cases—treated and those resulting in death. Fortunately, the infant mortality rate has decreased steadily over the years in KP.

Health Data Set 2: Objectives Met?

Table 2: Health Objectives by Year
Health Objectives and Sub-Objectives

Health Objectives	Sub-Objectives
1) “Enhancing coverage and access to essential health services especially for the poor and vulnerable.”	1a) Hospital Environment
2) “A measurable reduction in morbidity and morbidity due to common diseases especially among vulnerable segments of the population.”	2a) Vaccinations 2b) Hospital Treatment

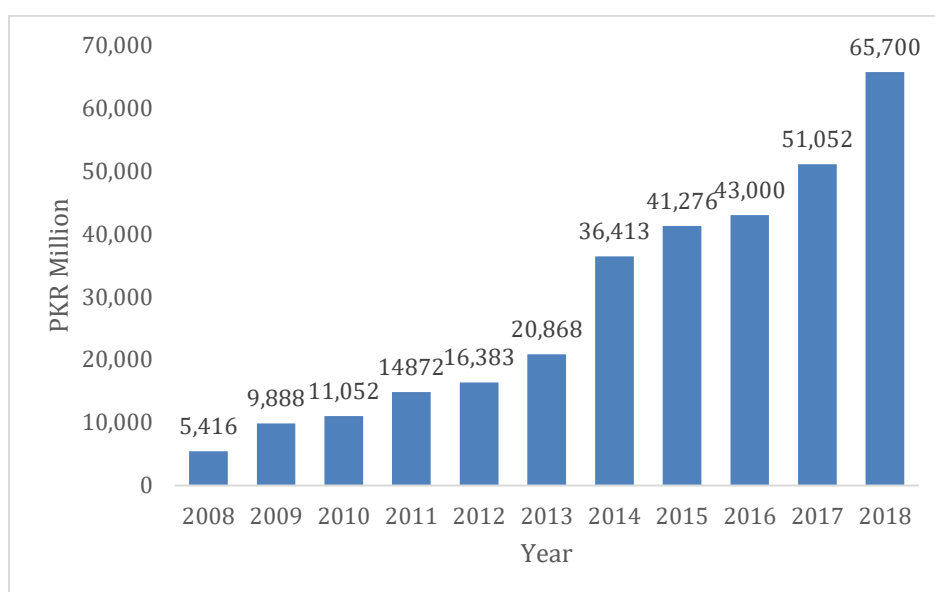
*KEY: Bolded objectives mean the objective was met over the ten-year period.

Overall all the objectives were relatively met over the ten-year period except for “vaccinations” and a few exceptions. Regarding Health Objective 1, it was met all the years except for 2009 and 2013. This is because the statistics had overall stayed consistent with the previous year with little to no improvement. Although some statistics (hospitals and RHCs) had stayed the same from 2016 to 2017, the remarkable increase of staff and decrease of doctors per patient made this objective as met. Regarding Health Objective 2, it was met all the years except for 2009, 2010, 2017, and 2018. This is because these years featured the highest rate of decrease from the first

dose of T.T-1 to T.T-5, as compared to the other years which stayed within the range. The numbers during these four years went anywhere from 500,000-600,000 that got T.T-1 to only 11,000 or even 6,000 that received the final dose of T.T-5. Thus, for vaccinations the sub-objective was not met.

Health Data Set 3: Health Budget

Figure 3: Health Budget by Year



**The yearly health budgets were obtained from the KP Finance Department online*

(<http://www.finance.gkp.pk>), from the Annual Budget Reports.

With increasing government expenditures relating to population and more concentration of the population in urban areas, the budget has increased accordingly. The most dramatic yearly increases have been from 2013 to 2014 and 2017 to 2018. For most of the ten years it seems the increases in the health budget is justified, as most of the objectives have been met (see Table 2). However, the red numbers on Table 2, which indicate that the objective has not been met also indicated that the health budget was inadequately used. For example, in 2009 both objectives were not met, because hospital and staff increases were insufficient (objective 1) and vaccine

retention rates were low (objective 2). This is disappointing as the budget significantly increased from 2008 to 2009.

From 2008-2018, there has been improvement in the health sector in KP as indicated by the above statistics. Despite not being able to include many statistics due to lack of availability other than that of a few years, decentralized services are working for the health sector. For our first objective, the hospital environment has increased by number of personnel in the medical profession to the facilities available. Increased budget has allowed the districts in KP to appropriately staff hospitals. However, despite improvement for the hospital treatment in the second objective, there is room for improvement because the rates for vaccinations through a cycle are relatively low. This means that children are not protected against easily preventable diseases.

Turning to education, this section will show the structural data on education such as number of institutions to enrollment and the infrastructure/environment of schools. As budgets have increased each year, it is essential to see whether budgets are being used to improve education in KP. My expectations for this section are far more for health as more of the budget has been allocated towards education.

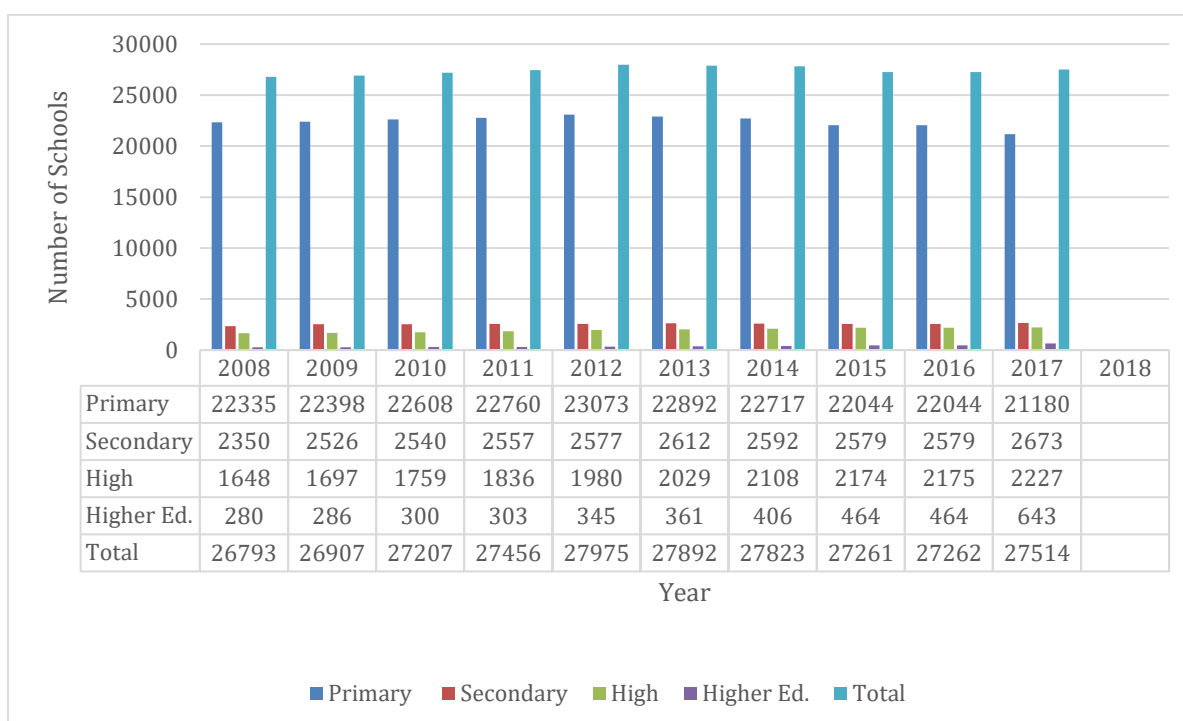
2.2 Education

Education Data Set 1: Sub-objectives by Education Objective

Education Objective 1: “Improving Quality”

Figure 4: Sub-Objectives of Education Objective 1a

Number of Government Institutions by Year



**All education statistics are obtained from the yearly reports (Developmental Statistics of KP) found on the KP government’s bureau of statistics website (<http://kpbos.gov.pk>) and from the yearly reports found on the Elementary & Secondary Education Department Government of Khyber Pakhtunkhwa’s website (<http://www.kpese.gov.pk>)*

As indicated in figure 4, there has been an increase in the number of each type of government school, except for a couple of decreases in primary and secondary schools. However, high schools and higher educational schools have not had any decreases, perhaps signaling to more enrollment or even more classroom space (to be seen in Objective 2 Enrollment). The total number of institutions had a high in 2012 but continued to fluctuate after that.

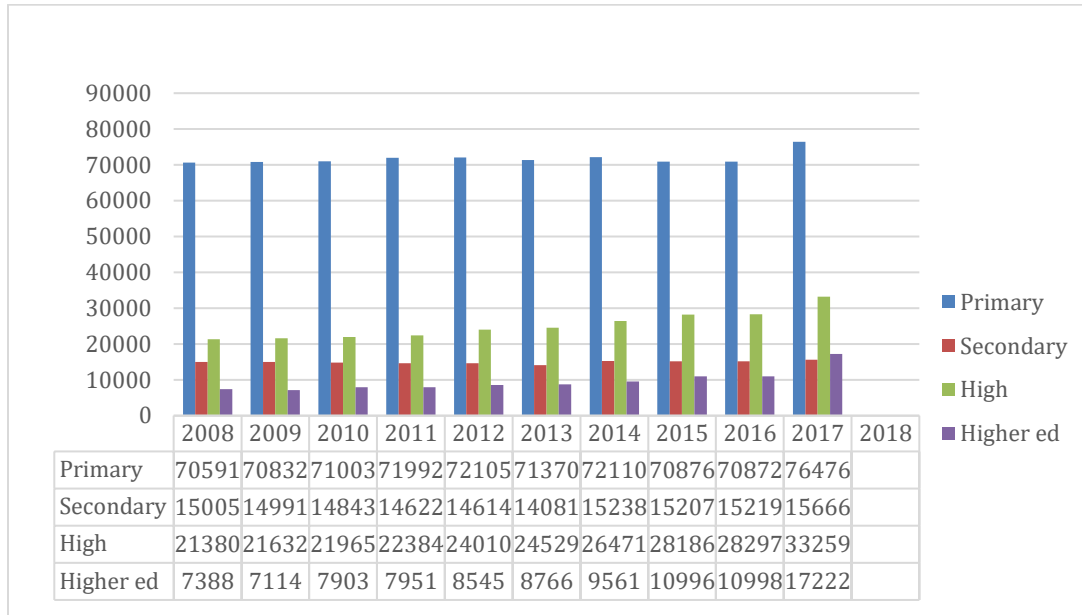
Figure 5: Sub-Objective of Education Objective 1b**Number of Teachers by Type of Government School**

Figure 5 shows the number of teachers by type. The number of teachers per school type can be characterized as suitable to the needs of the school, with a couple of fluctuations in primary and secondary schools. Overall, primary, high and higher education resulted in significantly more teachers from where they started out from, owing to more educational institutions being built in KP. Secondary schools overall stayed similar in number thus the number of teachers corresponded.

Figure 6: Sub-Objective of Education Objective 1c

Number of Total Government Teachers

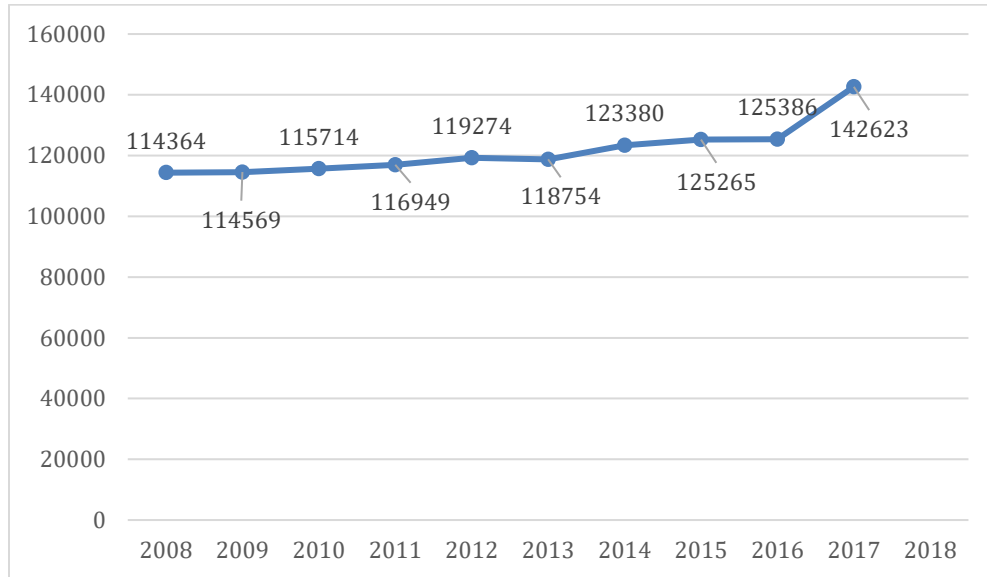
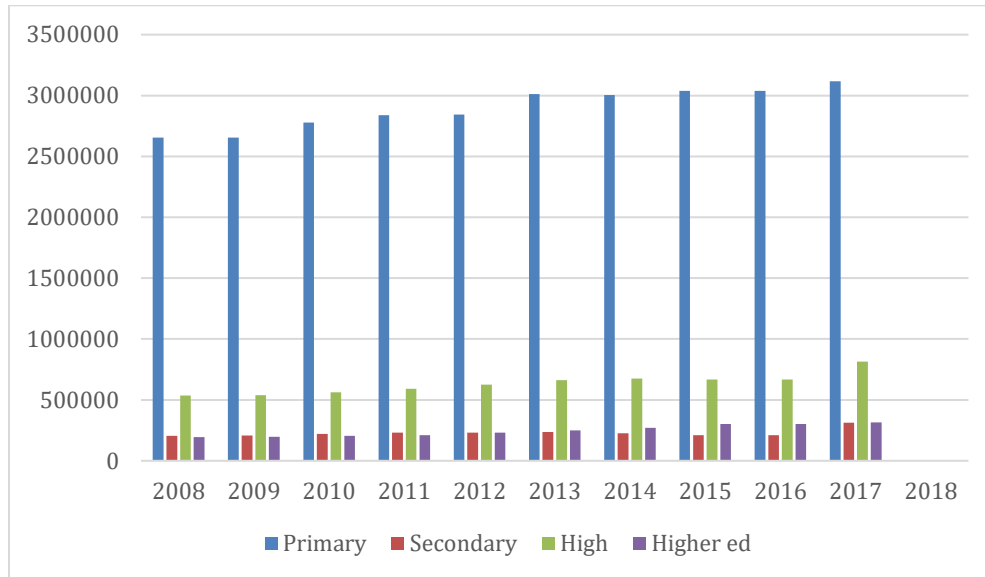


Figure 6 shows small increases and decreases throughout the time period for the total number of government teachers. This is normal as the number of institutions featured changes as well. The most drastic change from one year to the next is from 2016 to 2017, with almost 20,000 more government teachers being employed. This reflects the data in Figure D and Figure E, as both show the number of institutions and teachers increasing during this time frame (major increases were primarily made in high school and higher education).

Education Objective 2: “Enhancement of enrollment.”

Figure 7: Sub-Objective of Education Objective 2a

Total Government School Enrollment by Type of School



As indicated in figure 7, enrollment in primary and secondary schools featured small increases and decreases throughout the years, with the final three years (2015-onwards) gaining increasingly more enrollment. It is the high and higher education schools that featured little to none decreases and in fact, increased drastically from 2008 to 2017. High schools in 2008 had 535,000 students enrolled and by 2017 almost 814,000. In higher education there were 194,000 students enrolled and by 2017 nearly 315,000. The above data shows that the KP government spent these ten years adding more high and higher education school, along with staff. Increased enrollment is a positive result of their efforts.

Figure 8: Sub-Objectives of Education Objective 2b

Male and Female Enrollment by Type of School

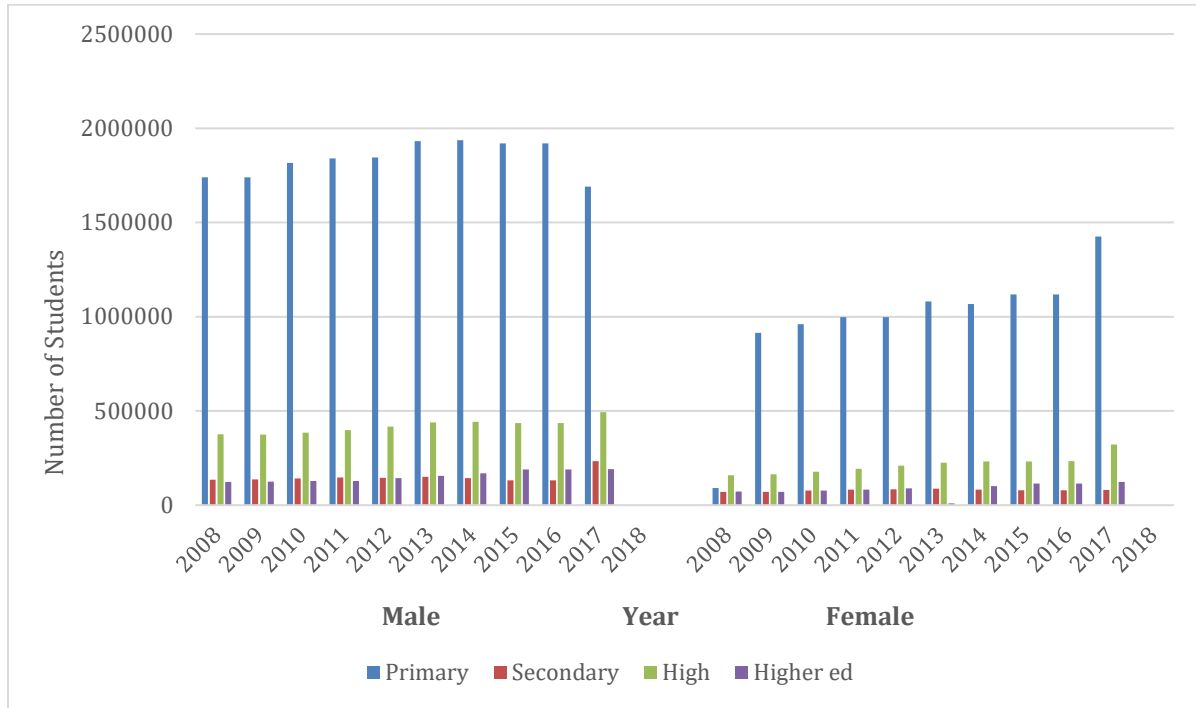
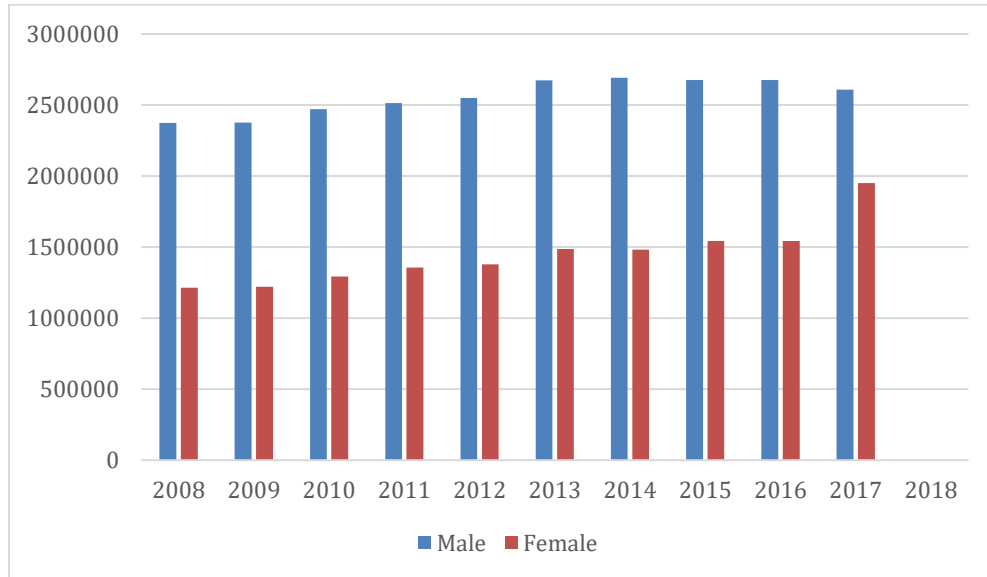


Figure 8 provides two important statistics regarding female enrollment. Firstly, female enrollment in each institution is about half of the male enrollment in that institution. Secondly, female enrollment has increased rapidly from 2008 to 2018. KP and most of Pakistan has been criticized for lack of female education in all forms of institutions. The criticism is correct as there is an increasing amount of difference between female and male enrollment. However, through the most recent year, 2017, it seems that female enrollment is catching up to male enrollment in all types of institutions. Since these figures indicate a positive trajectory throughout the years, I expect that the next couple of years will feature a larger number of females enrolled.

Figure 9: Sub-Objective of Education Objective 2c

Total Government Schools Enrollment by Gender



In Figure 9, which is an extension of figure 8 shows, the disparity between male and female enrollment is more visible. However, as mentioned above, the gap is becoming less over time.

Figure 10: Sub-Objective of Education Objective 2d

Complete Enrollment by Year

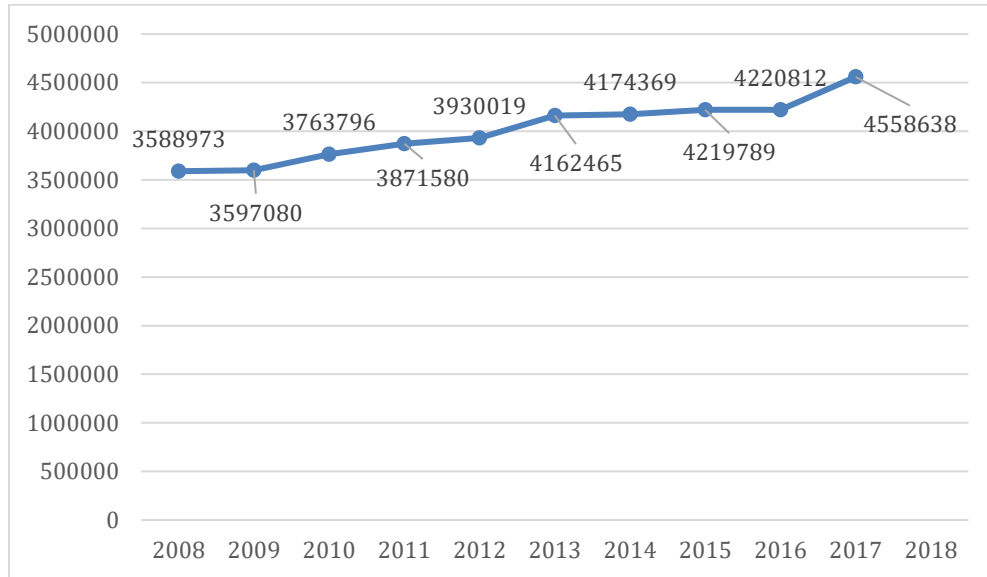
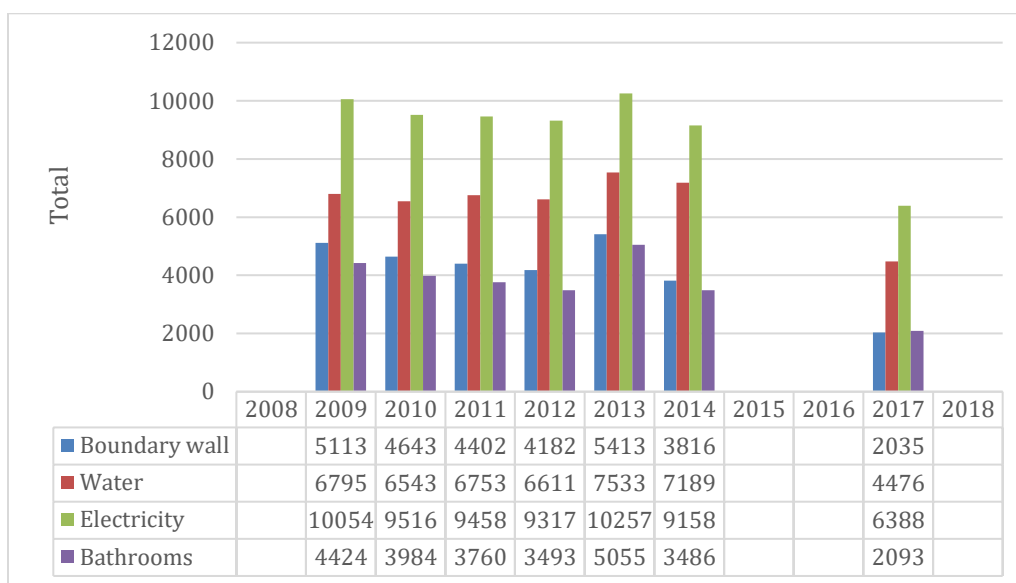


Figure 10 shows the second education objective, overall enrollment in government institutions features mainly increases, with one decrease in 2012. Overall enrollment has gone up to approximately one million more students in 2017 as compared to 2008. Regarding overall enrollment KP is making progress, which is understandable considering the increased amount of schools being built, particularly in higher educational institutions. Female enrollment throughout was significantly less than that of male but did increase and the gap is closing with the more recent year.

Education Objective 3: “Infrastructure and Environment”

Figure 11: Sub-Objective of Education Objective 3a

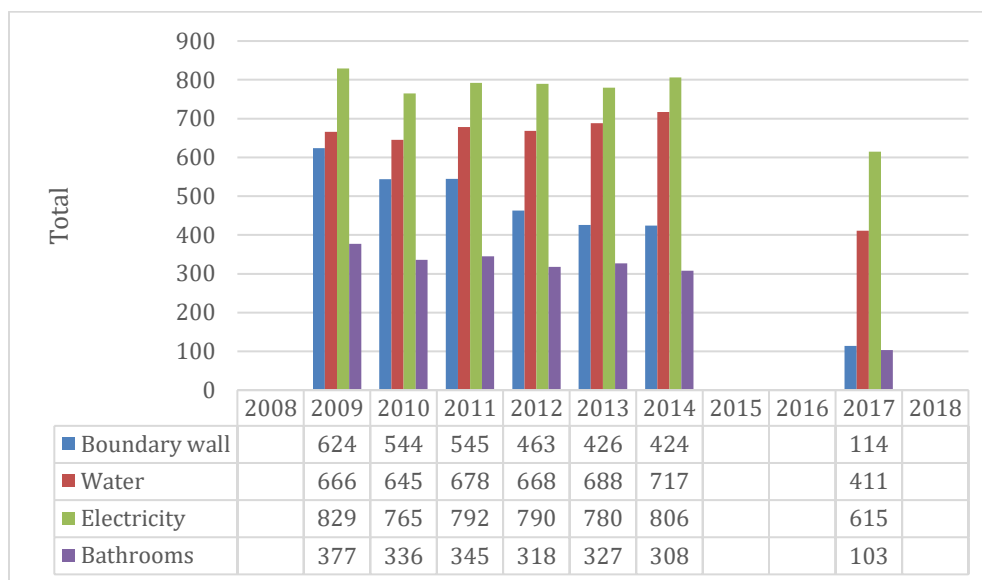
Primary Schools Without Basic Facilities by Year



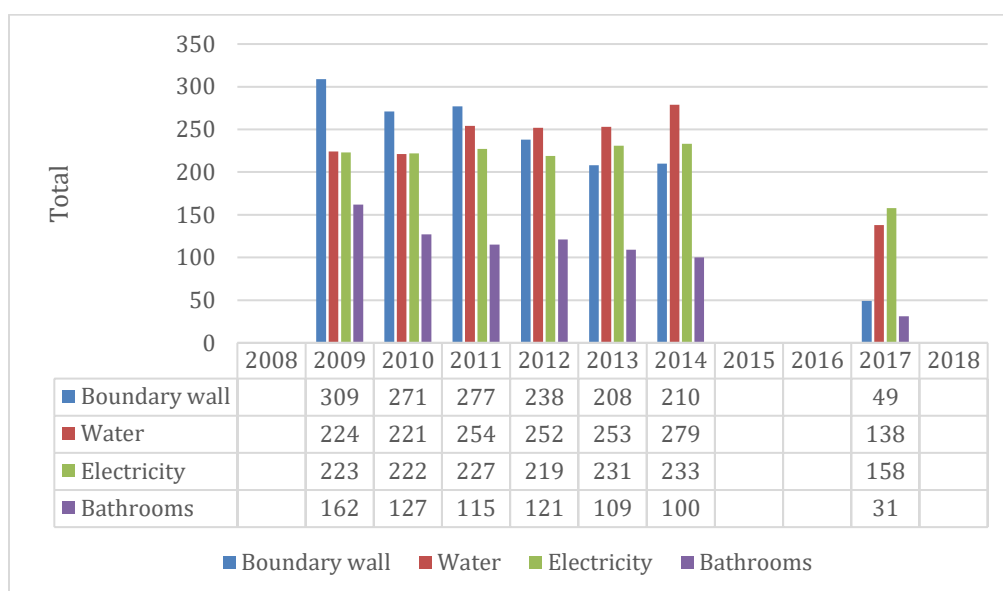
The most positive aspect about these results is that each year (except for 2013) the number of schools without the respective basic facilities decreased as indicated in figure 11. With 21,180 primary schools in 2017, 9.6% have no boundary wall, 21.1 % have no drinking water available, 30.2 % have no electricity in classrooms, and 9.9% do not have available bathrooms. These numbers are still considerably alarming.

Figure 12: Sub-Objective of Education Objective 3b

Secondary Schools Without Basic Facilities by Year



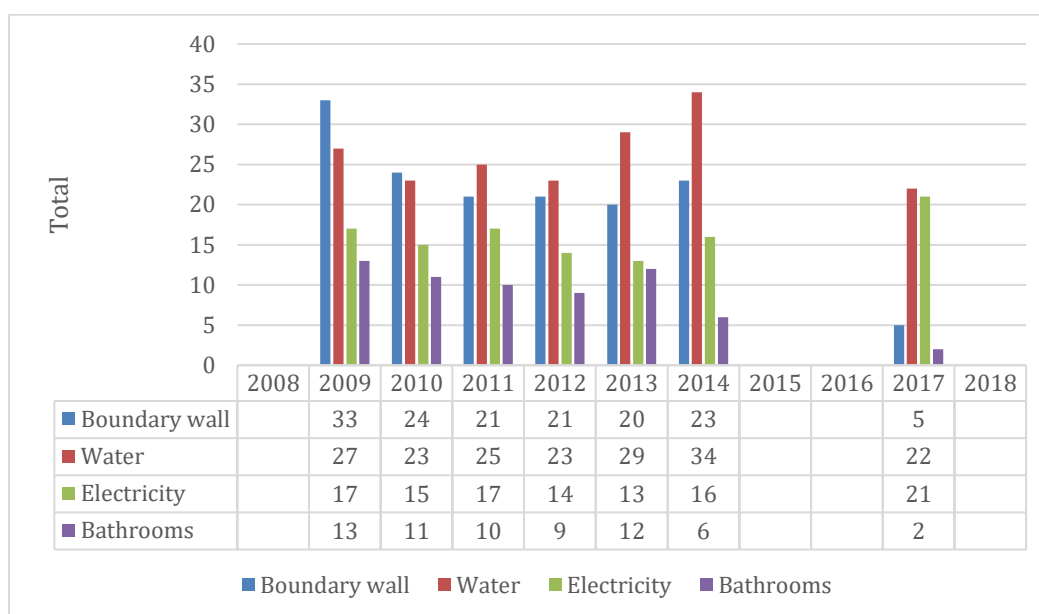
Similarly, with secondary schools, there is an overall decrease with the number of schools without basic facilities, with a few exceptions (2011, 2013 for water and bathrooms, and 2014 for water and electricity). By 2017, out of 2673 secondary schools, 4.26 % do not have a boundary wall, 15.38 % do not have water, 23 % do not have electricity, and 3.85 % do not have bathrooms. Understandably, there are more primary schools than secondary, but secondary schools have far better results than the former regarding improved conditions.

Figure 13: Sub- Objective of Education Objective 3c**High Schools Without Basic Facilities by Year**

For boundary wall and bathrooms, there has been relative improvement from the starting to the end point. By 2017, out of 2227 high schools, 2.20 % do not have a boundary wall, 6.26 % do not have water, 7.09 % do not have electricity, and 1.39 % do not have bathrooms. KP struggles to improve on water and electricity at the same rate for high schools as there are a lot of ups and downs in the data. However, overall the most recent number for all categories is far less than the starting point.

Figure 14: Sub-Objective of Education Objective 3d

Higher Ed. Schools Without Basic Facilities by Year



Similarly for higher education, boundary walls and bathrooms made more substantial improvement as compared to water and electricity. By 2017, out of 643 higher ed. schools, 0.78 % do not have a boundary wall, 3.42 % do not have water, 3.27 % do not have electricity, and 0.31 % do not have bathrooms. All but, electricity improved by 2017.

*Education Data Set 2: Objectives Met?***Table 3**

Education Objectives and Sub-Objectives

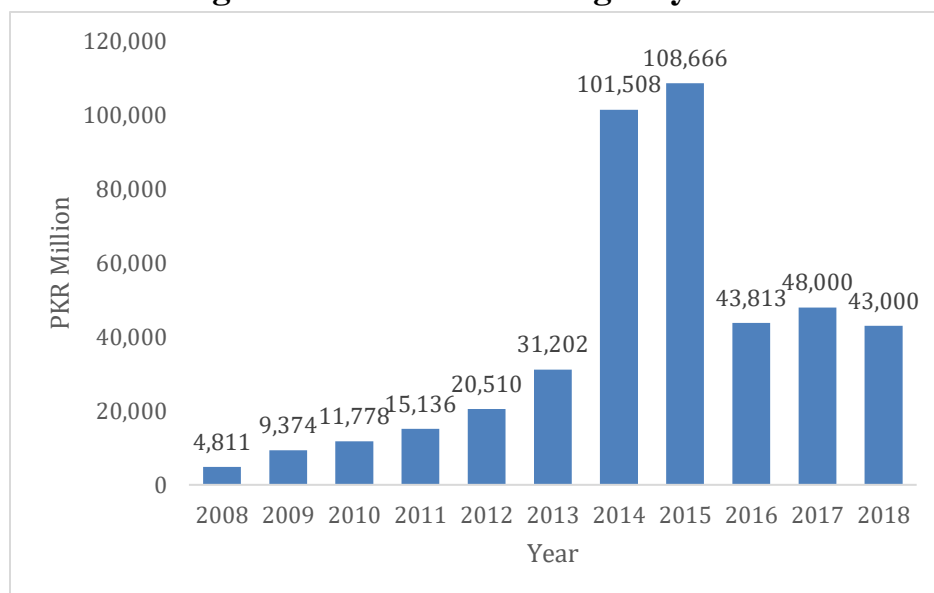
Education Objectives	Sub-Objectives
1) “Improving Quality.”	1a) Government institutions by school type 1b) Government teachers in by school type 1c) Total number of teachers by year
2) “Enhancement of enrollment.”	2a) Government school enrollment by school type 2b) Male and female enrollment by school type 2c) Total government school enrollment by gender 2d) Complete enrollment by year
3) “Infrastructure and Environment	3a) Primary schools without basic facilities 3b) Secondary schools without basic facilities 3c) High schools without basic facilities 3d) Higher ed. schools without basic facilities

*KEY: Bolded objectives mean the objective was met over the ten-year period.

Objective 1 was met for all the years as the number of government schools by type of school increased or decreased based on teacher increases and decreases. Furthermore, the increases in high school and higher education institutions along with more teachers in those institutions indicate that KP is investing in higher education, not just basic education. Objective 2 was more difficult to accommodate for as there was low female enrollment as compared to male enrollment in all the years. However, overall enrollment in government institutions, especially in high school and higher education increased each year. Thus, only the years 2008 and 2014 were when the objective was not met because the gap between male and female was the most or decreased from the year before. Objective 3 was met for all the schools except for higher education schools because the most recent statistic did not indicate improvement.

Education Data Set 3: Education Budget

Figure 15: Education Budget by Year



**The yearly education budgets were obtained from the KP Finance Department online*

(<http://www.finance.gkp.pk>), from the Annual Budget Reports.

Education budget increases are far more prominent as compared to health budget increased. especially for the years 2014 and 2015, in which the budget nearly tripled from 2013. These increases are responsible for the increase in staff and enrollment of students particularly for high and higher education (objectives 1 and 2). From the limited objective 3 data it seems the budget focused on improving environmental conditions but could not do so completely (based on primary and secondary schools' objective 3 data).

More objective years were met for education as compared to health. This is also due to more budget allocation for education on average. Budgets featured near doubles and resulted in enrollment and school environment to increase drastically. The structure of the education system leads to more power for the district which has led to increased involvement. KP has improved on decentralized services of health and education, but the results of education are more notable, as are the number of statistics.

Conclusion

My goal for this study was to provide a historical and statistical analysis for how decentralized services have affected KP Pakistan during 2008 to 2018. My own experiences during a course of two years led me to explore decentralization as a mechanism that is flawed but has many advantages for Khyber Pakhtunkhwa which has been at a disadvantage when it comes to border security and terrorism. These issues decreased the region's ability to be economically secure and provide public services. Decentralization was started by previous government regimes but never reached its full potential as the purpose was to legitimize military law. It was only the Devolution Plan in which decentralized services became a part of Pakistan. Although the effectiveness of decentralization of public services has been debated in the literature, I have found that decentralized services are in fact helpful to a conflict-ridden region such as KP.

Through mixed methods I have tried to achieve the following: 1) the historical process tracing of decentralization combined with the sociopolitical factors explain the obstacles in KP regarding the provision of public services, especially when decentralization was implemented. It was concluded that the factor of Afghan refugees did put KP at a disadvantage because the economy and the region was insufficient in providing for its constituents. Until there was foreign aid, centralized services worked for the region as it relied on the madrassas and refugee camps to provide for the refugees without economically harming the rest of the region. But without aid, the region's turn to decentralized services was also tough because accommodating for such a large population is difficult. Here comes the second factor of religious violence, which partly came from the Islamization of Pakistan and due to Afghan refugees with the involvement against the Soviet Union. Under a state of religious violence and an uncontrolled number of refugees, public services suffered in Pakistan. However, as reflected in the quantitative data, KP has been

overcoming these sociopolitical factors. Afghan refugees have either decreased in quantity by returning to Afghanistan or have become citizens and a part of the region's system through programs implemented by the UNHCR and KP Government in recent years. Although religious violence caused increased backlash over Afghan refugees, the recent government's rhetoric is in support of refugees by granting them citizenship, as religious violence has overall decreased in KP due to the counter-terrorism efforts in the region. These obstacles against decentralization have started to subside, letting decentralized services become more beneficial for KP.

The statistical data obtained from the KP Government shows that KP has improved the services of health and education, which have often been neglected in scholarly research. For health services, all these objectives were met except for the sub-objective of vaccinations. Hospital environment and treatment improved as number of beds, doctors, malaria cases treated etc., went up till 2018. However, the rate of vaccinations decreased through the several vaccine series, citing less outreach and responsibility by the districts in charge. Turning to education, all objectives were met except for infrastructure for higher education schools. Enrollment, number of institutions, environment in schools etc. was shown to have increased during the ten years. However, KP still does need to work on meeting the basic necessities of schools such as electricity and water. The increases in budget for the most part is justified and used to improve conditions in health and education. Although there is a lack of more comprehensive data that is available in other nations, these statistics themselves provide a glimpse of an improved provision of health and education services under a decentralized structure.

The data also brings up the issue of causality and correlation. It is not to say that the improvement of these services is only because of decentralization but rather a multitude of factors such as the political situation of Pakistan, the fiscal policy at the given time frame, federal

regulations implemented etc. However, with the overall positive results obtained for health and education one can say that decentralization is most definitely one of the factors that has improved health and education for KP Pakistan. KP still has several shortcomings, including improving vaccination retention rates and school environmental conditions, but for the most part has succeeded in improving the services. I believe that that this study has been able to contribute to the scholarship on decentralized services in a nation on a path to become democratic.

Turning to what comes next for decentralized public services, recently, the new administration has launched several programs related to poverty, health insurance, and the building of stronger educational institutions. All these programs are being launched within a decentralized framework. In the next couple of years, there needs to be more research on the importance of decentralized services in a struggling democratic Pakistan. My study has shown that decentralization of public services has improved health and education in KP—the next step is to see the impact of these new programs on Pakistan. Moreover, there has been some controversy in the nation regarding decentralized government and some challenges to the passage of funding for provincial governments. In the political climate that Pakistan is in, it will be interesting to see how further studies will characterize decentralization in the upcoming years. However, this study has found that decentralization is an important asset for a developing democratic Pakistan. This can also be applied to other emerging democracies that are struggling with the provision of services. Utilizing the case study of Khyber Pakhtunkhwa, Pakistan speaks to the importance of the need of strong democratic institutions in struggling and developed democracies.

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